STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155761	A. BUILDING **01** B. WING _____	**09/08/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNSBURG MEADOWS	**2 E TILDEN** **BROWNSBURG, IN 46112**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Preoccupancy Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a) for a facility renovation. Section A was changed from a nurse's station/med room to a lounge, shower room, med room and storage area. Section B was changed from a lounge to a nurse's station and med room and Section C was changed from an empty hallway to a nurse's station. Survey Date: 09/08/14 Facility Number: 011367 Provider Number: 155761 AIM Number: 200851590 Surveyor: Dennis Austill, Life Safety Code Specialist At this Life Safety Code Preoccupancy Survey, Brownsburg Meadows was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and with 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The facility has a capacity of 147 and had a census of 121 at the time of this survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155761	A. BUILDING **01** B. WING _____	**09/08/2014**

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K 000	Continued From page 1 All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Lex Brashear, Life Safety Code Specialist/Medical Surveyor on 09/10/14.	K 000		